



MP0085.C1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Inventors:** Oberg, Mats

**Group Art Unit:** Not Yet Assigned

**Serial No.:** 10/695531

**Examiner:** Not Yet Assigned

**Filed:** October 28, 2003

**Title:** Method and Apparatus for DC-Level Constrained Coding

**CERTIFICATE OF MAILING**

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Date: 12-22-04

Stephanie S. Miller

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Respectfully submitted,

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Date: 12/3/04

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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/695531
	Filing Date	October 28, 2003
	First Named Inventor	Oberg, Mats
	Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	MP0085.C1

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Communication to Update Customer Number; and Return Postcard.</b>		
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael D. Wiggins	Reg. No.	34,754
Signature					
Date	December 22, 2004				

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